

Quality of life in children and adolescents with chronic kidney disease

To the Editor,

Dr. Kul and colleagues' difficult to perform, well-designed and well-written study entitled "Quality of life in children and adolescents with chronic kidney disease: a comparative study between different disease stages and treatment modalities" (2013; 55: 493-499) requires the inclusion of other chronic diseases as controls (such as chronic anemias like thalassemia, and sickle cell disease, chronic liver disorders, some chronic heart diseases, etc.) for a better interpretation. Of course, the other chronic control diseases could be the subject of other studies.

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Iron deficiency anemia in late preterm infants

To the Editor,

I enjoyed reading Özdemir et al.'s¹ recent paper entitled "Iron deficiency anemia in late preterm infants" (2013; 55: 500-505).

In this well-designed and well-written study, I would have liked to learn the feeding histories (Bioavailability of iron is better and gastrointestinal blood loss is less in human milk) and the presence or not of neonatal unconjugated hyperbilirubinemia (unconjugated bilirubin relatively decreases hemolysis)^{2,3}. In addition, iatrogenic blood loss and gastrointestinal blood loss should be recorded since statistically significant relative reticulocytosis at the 2nd month of age (Table 3) was observed in the late preterm infants despite the documentation of statistically significant hypoferritinemia, which is not expected in simple iron deficiency (mean corpuscular volume (MCV) findings might be another criterion for clarification).

The improvement in hemoglobin, ferritin and reticulocyte counts at the 4th month of age was also a surprising finding.

I would suggest evaluation of red cell catalase levels, which is a better reflection of intraerythrocytic iron⁴.

REFERENCES

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